

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

INTOX EC/IR II MAINTENANCE REPORT

RECEIVED

report at the time of the regular monthly preventive By Carol Day at 4:25 pm, Oct 02, 2015

days) Complete this report where				Anzo pini, oot oz, zo io			
days). Complete this report whenever the instrument is serviced or into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.							
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION				
12684	SPRINGFIELD POLICE DEPT		09/23/2015				
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION				
2620 W BATTLEFIELD SPRINGFIELD, MO. 65807			08:17 CDT				
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within							
established limits. (Write in observed values where determined). Unmarked items must be corrected							
before using instrument.							
X DIAGNOSTIC RECORD							
X BLANK CHECK		X CO2 CHECK					
X FC 1 TEMP		X FLOW CHECK					
X SRC TEMP		X FCB CHECK					
X DET TEMP		X CRC COMP CHE	CK				
X BT TEMP		X CRC CAL CHEC	K				
X STD 2 TEMP		X PRINT TEST					
X ETH CHECK							
BREATH ANALYZER ACCURACY STAND	ARDS						
SIMULATOR SOLUTION		COMPRESSED E	THANOL-GAS MIXTU	RE			
	IMETERS	LOT# AG515307		DATE 06/02/2017			
SIMULATOR TEMP (34°C ±0.2°C)		ATOR S/N					
I SIMOLATOR TEMP (34 C +0.2 C)	SIMOL	ATON 37N	DINOLATOR EXT	DATE			
X CALIBRATION CHECK - (ONLY ON	E STANDARD IS TO	BE USED PER MAIN	TENANCE REPORT)				
Run three tests using a stan				% of the standard value			
and must have a spread of .0							
used. (PRINTOUT ATTACHED)							
X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE							
0.08% STANDARD - MUST READ	BETWEEN 0.076% A	ND 0.084% INCLUS	(VE	-			
0.04% STANDARD - MUST READ	BETWEEN 0.038% A	ND 0.042% INCLUS	IVE				
TECH 1 :: 0 100 a/2101	T MRCT 2 % 0 100	a/2101	mnom a a A A A	0 0/2101			
TEST 1 0.100 g/210L TEST 2 0.100 g/210L TEST 3 0.100 g/210L							
INDICATE THE NUMBER OF BREATH	rests in the follo	OWING RANGES SINC	E THE LAST MAIN	renance report:			
REFUSALS 0 004 80	.0509 2	.1014 1	.1519 0	OVER .19 1			
LIST ANY NEW PARTS AND DESCRIBE ANY ALT			STORE THE INSTRUMENT	TO OPERATE			
SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).							
MEETS DEPT OF HLTH STDS							
			ing salah menggan di pendan dan pada kendi hilanda kendi salah salah salah salah salah salah salah salah salah				
INSPECTING OFFICER							
SIGNATURE		D'ANDREA, TONY					
TYPE II PERMIT NOMBER EXPIRI	TION DATE	· · · · · · · · · · · · · · · · · · ·					
	0/2017	(417)864-1810	F				
PERMITAN GOVERN PROSE	O MITTE	L					
RETURN COMPLETED REPORT TO THE:							
Breath Alcohol Program, Missouri Department of Health and Senior Services,							
Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901							



Airgas USA LLC (LAB)

3500 Bernard Street St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

12687

Certificate of Analysis

<u>Customer Name</u>

Intoximeters, Inc.

2081 Craig Road St. Louis, Mo 63146 Test Date: 2-Jun-2015

Lot # AG515307

Exp. Date	Cyl. Type	Component	Certified Concentration
2-Jun-2017	108		0.100 ± 2% BrAC (272 ppm)
		Nitrogen	Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	<u>Concentration</u>	Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control Date: 2015.06.03 10:50:13 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Analyst:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01